

*Equally Connected** Report 5

International Students and Mental Health

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**Equally Connected* is an action research project using community development approaches, including the creative arts, to learn from Black and minority ethnic (BME) communities about:

- attitudes to, and experiences of, mental health
- what helps maintain well-being
- effective ways of challenging stigma and discrimination

This evidence will be used to improve understanding and help ensure that services and systems of care (such as the Integrated Care Pathway (ICP) for people with depression) are designed to meet the needs of the diverse BME communities within Edinburgh and the Lothians.

Equally Connected is funded and supported by NHS Lothian and NHS Health Scotland and based at Health in Mind in Edinburgh

International students and mental health

1. Introduction

This report details the findings from Equally Connected's action research with international students living in Edinburgh. It draws upon multiple methodological approaches, data-gathering techniques and perspectives, namely: in-depth interviews with international students living in Edinburgh and, in collaboration with Heriot-Watt University (HWU), a participatory session with international students, the creation of a student-led film, and the facilitation of two workshops at the NUS Think Positive conference. Our key aim was to highlight the barriers and solutions to accessing support for international students.

2. Work with Heriot-Watt University

In 2009 Heriot-Watt University successfully applied for an NHS Lothian 12S grant to improve access and routes into support services for international students at the university. 12S aims to promote mental health and wellbeing in college and university settings across the Lothians, specifically through extending the network of people involved in mental health and wellbeing work within and across the 12 settings; through improved partnerships and integrated working between sectors, and through disseminating good practice and learning.¹ Heriot-Watt is a popular university for international students and in the academic year 2009/10 37% of the student population were from overseas. Staff from Student Support and Accommodation services were particularly concerned that many international students were presenting at crisis stage, rather than accessing support at an earlier stage. Their bid for a 12S grant was successful with the following specific aims:

1. The identification of barriers and solutions for international students in accessing information and support around mental health
2. To develop and implement an information resource (and appropriate method of dissemination) to help to address these barriers, and
3. To improve the knowledge of signs and symptoms of mental health difficulties at a university level.

Around the same time, Equally Connected, an action research project part-funded by NHS Lothian, was keen to gather research data from various BME communities about their understanding, and experiences, of mental health and wellbeing. We were particularly keen to work with groups, such as international students, where there has been little research on mental health related issues. With our complimentary aims, we began working together in early 2010.

¹ For more information about 12S, contact Rachel King Rachel.king@nhslothian.scot.nhs.uk

2.1 Methodology

To meet the aims and objectives different methodological approaches were used:

2.1.1 In-depth Interviews

Thematic interviews were conducted with the University Chaplain, the Head of Counselling, an international student advisor and international officer, the Presidents of both the Muslim and Iranian Societies, alongside students of Chinese, African and Middle-eastern origins. These interviews were very loosely structured and focused on the issues of concern to individuals. Additional students studying at Edinburgh University, from Taiwan, Iran and Spain were interviewed in spring 2011. These interviews were semi-structured using a topic guide focused on access to primary care mental health services.

2.1.2 Participatory Action Research Session

In addition to the interviews, a session was held with a group of students at HWU with the aim of identifying some of the key barriers and solutions to accessing information and support, both at a university and wider primary care level. A popular PA tool, an Issue Tree, was used to get to the roots of the problems and how these problems could be overcome. Open discussion was encouraged and students were asked to write their ideas on a post-it and stick them on the Issue Tree. This lively session served as a foundation for further investigation of the barriers and possible solutions to helping international students access services when in distress.

2.1.3 Breaking Isolation

A short film, *Breaking Isolation*, was developed in collaboration with a free-lance film specialist and a HWU student-led film crew. This film was developed as a resource to encourage international students to be more proactive in protecting their mental health and wellbeing by seeking help earlier. It deals with breaking isolation and dealing with stress, two key issues identified by the student crew. Students involved in making the film came from a range of cultural backgrounds, including: Nigerian, Egyptian, Polish, Portuguese, Saudi, Indian and Scottish. The film was not only fun to make but the students also learned a number of new creative skills.

2.1.4 Conference Workshops

Two workshops were facilitated by Equally Connected and HWU support staff at the NUS Think Positive Conference in Dundee in October 2010. The aim of the workshops was firstly, to promote and disseminate the film to an audience of students and support staff from colleges and universities throughout Scotland and secondly, to gather information relating to the project objectives. After a joint presentation, the film was shown to act as a catalyst for break-away groups to

consider the barriers and solutions to accessing support from the international student perspective, as well as providing an opportunity to share what has worked in their areas. Again, an Issue Tree was used in each of the sessions.

3. Findings

There is growing concern about the mental health status of students; NUS Scotland's Silently Stressed report highlights the main factors which can affect mental wellbeing whilst studying. The study did not collect data on ethnicity, nor does it specify home or international students but it does reveal some worrying statistics, for example, "80% reported the stigma attached to mental illness would act as a barrier in approaching someone for support".² Similarly, over a third of the referrals to the Guided Self-Help service at Health in Mind have come from students.

For international students, concerns about mental health can be even more acute. Our engagement with students at Heriot Watt University whilst making the Breaking Isolation film, and interviews with students across Edinburgh, further proved that misconceptions about the NHS and a lack of knowledge about services were contributory factors in deciding whether or not to seek help before reaching crisis stage. Additional pressures relating to immigration, funding and expectations from home also added to the burdens experienced by some.

Early in the project an interview with the Head of Counselling at HWU gave some insight to how the service sees the struggles that international students face, "*our international students are very stoical, so they will tolerate a lot of discomfort, and loneliness and homesickness, in a way that is really quite remarkable. They can deal with these things, their expectations are not that they will feel happy and contented - their main concern is that they are able to concentrate with study, eh, so when that goes, and they're not able to do that there is a lot of distress. But the way in which they deal with that distress, I think is a cultural difference. Will they tell their friends - maybe not? Will they tell their families - maybe not? So (pause), it may be hidden for a very long time. So the weeks pass, the months pass, maybe not attending lectures. And it's like oh my god it's the end of February, and it's like what am I going to go - this is hard for them*".

Our findings are drawn from all the methodological approaches, including the additional interviews carried out in spring 2011, and a number of common themes emerged: navigating a new system, different cultural conceptions of the underlying causes of mental ill-health, and the fear of stigmatisation and shame that disclosing a personal mental health concern may bring.

² National Union of Students (2010) *Silently Stressed*, p4

3.1 Navigating the Scottish health system

From the outset it was clear that international students, regardless of their country of origin, found the health service complex and '*very complicated*' - the main barrier was said to be '*not even knowing where to start*' - "*friends I met, years after, they weren't registered in any GPs or anything and I told them, because they needed something.... they didn't know*" (Iranian female student).

Another student described his first few months "*I have a lot of queries about the system. When we came here, they don't really provide any information. It's a form or one e-mail telling us what they can offer and what to expect of them. For instance I visited the clinic here for the first time after about 1 or 2 months..they told me how come you didn't come to us at the start of the year and the insurance stuff I entered no, I don't know, nobody sent me an e-mail telling me I should do that. They should send information; try to communicate with people from the start because for people they don't think about their health unless they lose it. ...you feel shy to ask people or you maybe don't want to ask, you maybe don't know how to go and ask properly about what services are provided*" (Syrian male student).

" they will try to go and contact somebody and get lost, because you just don't know where, and then they would just give up" (Spanish female student).

"I think they don't have too much information about this" (Taiwanese female student).

From a participatory session held at HWU, the process of referral from one practitioner or service to another was viewed as especially confusing and presenting a further barrier to seeking help. Many could not understand why they could not go straight to a specialist, as one Iranian student explained, "*he can't really define "I'm feeling blue and sad today." I think it's a bit difficult, some people might think it's not relevant when they go to a GP to discuss that sort of stuff. ...it's that much more difficult to open up to two people than one, cause you have to go to the GP and tell them what's going on with you and then after that you have to go and find another person to tell all that stuff to. So it's much easier especially for people who might be a bit more reserved, to only have to go through that once and not find different places to get help.*"

The language barrier, especially when using the telephone, was also frequently cited as a barrier to accessing services. Although most students have a good command of the English language they are often not prepared for the difference it makes when trying to understand the Scottish accent - "*One day I go to Welfare Advice, but the lady didn't understand, she was very nice but I can't explain to her. She thought*

it was just about my English but that is just on the outside but not helping what goes on in here [points to head]" (Libyan female student).

Knowing where service provision is located or that it exists in the first place - was also thought to be a vital component relating to one's ability to seek-help. *"They [international students] don't know the services or they don't have the confidence in the service" (Chinese female student).* In relation to mental health, the students had limited awareness of what services were available or how to find them, this was particularly the case for those living off campus or joining after Fresher's Week. As one student said: *"but these things, exercise and cognitive and things, but they don't probably know. Actually being part of the University I've never been in Teviot or the Health Service and I've never heard anything about that you see a lot of posters in the waiting room but I've never seen related to mental health or alternatives or things like that"*(Taiwanese female student).

Even when living on campus, many were fearful of trying something new or engaging with psychological therapies, such as counselling or other talking therapies, they knew nothing about or didn't understand, *"...they don't have something to compare to with the service back home, they don't know what this is... I told her this is the counselling office.... and this was the first time she'd ever come across this term of vocabulary"*(Chinese female student).

Other difficulties arose when students tried to compare to services 'back home', not knowing if a payment was expected, for example, or where to access more spiritual therapies. Similarly, even when made aware of a service, many were reluctant to use them due to concerns about how the service operates, in particular issues about confidentiality. There was a very real fear that information about their mental health would affect their visa status, their eligibility as students and funding, *"so a part of me felt like, by giving him information about what I think about the immigration and where my mind is with immigration, I thought that maybe he would definitely call them and say, "oh, I have such and such a patient and she is saying this and this and this about the immigration office"* (African female student).

In relation to mental health services, some fears were also related to what they have heard and what has been portrayed in the media about mental health. *"I watched a movie.... but it's like how they treat patients in a mental hospital. The first thing they give you are tablets then the second thing - if you don't take the tablets they will force you into an electric shock or something?"* (Chinese female student).

3.2 Other triggers of distress

Aside from study-related stress, complexities around visa regulations, and for some seemingly ever-changing regulations, can cause tremendous distress for international students, we heard several stories like this one:

"I was thinking of coming here to study, but then what I did not know was how long the visa was going to take, they were going to process the visa for me...I talked to somebody, and somebody told me, usually it doesn't take long, it takes like two to six months. So I waited for the six months to elapse, at the moment it's almost two years now and I've heard nothing from these people" (African female student).

Another persistent issue was pressure from their families and/or funders in their country of origin. Knowing the financial sacrifices sometimes made by families, many students feared failure and worried greatly about disappointing their families, even when they faced huge problems in the middle of their studies, *"at the start for days I lock myself away, my brother he always phone me, he knows I am not okay but I can't tell him, I am the oldest girl and I am the first time going out of my country. Everyone is so proud and it took so long for my father to agree, how could I go home or not succeed. I think many students feel like me"* (Libyan female student).

"...because I'm not coming from a rich family...so I got this opportunity. But sometimes I feel quite guilty" (Taiwanese female Student).

On top of that, some are either expected to, or feel obliged to, send back money meaning that they also have to work, either legally or illegally - *"My visa runs out 2 months after, like. And then, it was student visa, because I had a first challenge visa, the process that it works for 2 years, then I had to switch back to student because I couldn't find an employer willing to do the work permit for me. But the problem was that I wasn't studying when I had the student visa. I enrolled in tuition but then I quit, I wanted to save some money [to send home] and I was working excessive hours - this was a breach of the visa conditions. So I was very worried and didn't know what to do, so this was the trigger point"* (Chinese female student).

"Especially my parents are quite shocked, because the kind of mentality that people have back in the UK is like heaven, yeah, it's like heaven... they think that since I am here, I am working, I am getting good money and all that, I need to send that money back home. And they don't understand it...they say, 'oh, you don't want to send us money or you don't want us to come there, and all that'. You know, that also makes me a bit stressed" (African female student).

From the research, three particular groups of international students were thought to be especially vulnerable and less able to access information through formal and informal channels: students who enter the university through the clearing system,

those who experience visa delays and those who live off campus. In considering the latter, one interviewee suggested: *"living off campus means you're subject to less health information"*, and this strongly resonated in the social aspect and sense of community that living in halls may have brought, alongside being subject to less health-specific university-led advertising. Fresher's Week, for the international students involved in the research, was thought to be a particularly important time to "find out" about services and register with the university health service.

3.3 Concepts of mental health

For some students one phenomenon which requires much further consideration is beliefs relating to spirits and 'supernatural' activity. From the perspective of some students involved in the research, and confirmed by the University Chaplain, - the importance of spirituality and, in particular, external forces such as 'evil spirits' can play a significant role in understanding matters relating to mental health and hence play a role in help-seeking behaviours. *"If someone gets ill they don't just get ill, it's because someone may have done something supernatural"*, said the Chaplain - and this sentiment was echoed by several students. This has implications for support services at HWU, as the demographic make-up of student population - many of whom are from cultures and contexts where spirituality of this nature plays a significant part in everyday life. Undeniably, a spiritual perspective may provide support and hence offer great benefits for those experiencing mental ill-health. Equally, however, such beliefs may counteract help-seeking behaviours, due to the related and identified stigmas that spirituality of this nature may place upon those experiencing mental ill-health.

3.4 Fear of shame and stigma

Across all data gathering techniques, the stigma and shame that experiencing a mental health concern may bring - firstly, in a personal capacity and secondly, to one's family - were found to be complex and powerful barriers acting against seeking help. From the students' perspectives, seeking help for a mental health concern was not only deemed to be *"very embarrassing"*, it was also something which carried significant personal costs: *"you'd want to keep it a secret, you don't want to be labelled as insane"*, as one student said at the participatory session.

Similarly, these issues were frequently raised in the interviews, *"to go and have a therapist or there is seriously something wrong with you that's deemed bad: you're mad, you're crazy, you're insane"* (Iranian female student). The same student went on to say *"people think they might be judged if they go and see a psychologist or somebody"*.

".. depending on the place you were born as well, if it's a small village and everybody talks to each other or the neighbourhood and then families keep it a secret because they are ashamed" (Spanish female student).

"...they might look down on you or talk your secret or your difficulties to other people which makes the situation worse" (Taiwanese female student).

"If you have a pain keep it close to your heart, don't show it to other people. It's a disgraceful thing, it's a shameful thing if other people see your looking miserable or your having these scratch on your arms - it's not what I want to be seen" (Chinese female student).

"... for many days I stayed alone and cried. I want to talk about this but in private; I still feel this big shame, on me and my family" (Libyan female student).

This is akin to research findings from Rickwood who highlighted that help-seeking behaviour in young people pertaining to mental health services is often influenced by a fear of associated stigma.³ Unfortunately, from the perspectives of the students, those experiencing mental ill-health were often labelled and perceived to be "dangerous" or "unpredictable", and this most definitely amplified personal concerns and barriers to accessing any kind of service. On the whole this represents a particularly challenging social issue and perhaps a targeted approach by anti-stigma campaigns such as 'see me'.

4. Solutions

4.1 Focus groups to develop a Z card resource

At the request of students during the early stages of our research, three focus groups were facilitated at HWU to help develop a resource (called a Z card). Students who attended these session were from a range of backgrounds including Poland, China, Jordan, Portugal, Egypt and Ghana. The Z card explains the Scottish system, using a simple flow chart, and aims to encourage students to seek support if they are experiencing mental health difficulties. The Z card, entitled 'Stress Help for International Students', is included in welcome packs and tries to overcome the cultural and language barriers identified during our research. For example, a key message is 'don't be afraid to ask for help - this does not mean that you are weak'.

4.2 The film

Breaking Isolation allows international students to talk to directly about their coping strategies and can be used at welcome meetings and with those living off

³ Rickwood, D., Dean, F. Wilson, C. & Ciarrochi, J. (2005) 'Young People's help-seeking for mental health problems, *Australian e-Journal for the Advancement of Mental Health*, Vol.4, Iss.3.

campus, as well as being a training tool for staff. The film was deliberately upbeat and focused on the ups and downs of international students lives. It also illustrated how the students dealt with the stresses of being a student - what did they do when they were feeling stressed, how did they 'break the isolation'. Some quotes from the film are listed below:

"I think places like Chaplaincy are very good for meeting first friends because obviously if you have some friends it's much easier to get new friends ... I think it is very important to not stay alone because it is very depressing ... if you have friends it is easier to solve all problems" (Polish male student)

"If you are staying on campus, or studying at Heriot Watt university you have any problems with your studies ... or be it welfare issues or financial crisis, or whatever, any kind of problem there is the counselling service at the university itself you can always go there". (Indian female student)

"... it is not a big deal ... everyone can face and have a mental health problem ... some of my friends they were having a problem homesick and others they were facing mental health problem and how to cope with the stress and they were embarrassing to go to any place to speak to their friends". (Egyptian male student)

The film was also shown was shown for two weeks as part of Lothian's programme for the 2010 Scottish Mental Health Arts and Film Festival (SMHAFF) at the Out of the Blue Gallery in Edinburgh. It was also shown at the Happy Souls Festival in London in June 2011.

At Heriot-Watt, Breaking Isolation has been well-received by staff and students and has already been shown to over 3,000 new international students at HW-U.

5. Additional recommendations

Whilst some of issues raised by international students have been addressed at Heriot-Watt, there are other issues which require further attention. We have listed some additional recommendations below:

- Highlight that accessing information and advice promoting positive mental health is free - this could be done via an all university email; new media such as a Facebook group on the part of the university GP or other counselling focused activities
- Explain to students before coming to Scotland that Scottish dialects differ vastly - not only from each other - but from other UK accents. This could also be a focus for part of the induction session

- More engagement designed to support students with spiritual beliefs to access support services and more cultural competency training for support and welfare staff
- A concentrated effort to register international students with the university GP. This could be in the form of a reminder email to all international students - or through the informal Facebook group designed to act as a hub for international student activities
- Focus more on those who may face additional barriers, for instance, students who enter the university through the clearing system, those who experience visa delays and those who live off campus. Perhaps an informal chat or 'check-up' a month or two after coming university could be instituted.
- Regular discussion/meetings throughout the year about wellbeing, not just at the start of term or when things start to go downhill
- Socialisation: a vital aspect in maintaining positive mental well-being involves speaking to people. One aspect which shone through each of the data gathering approaches was just how simple, yet effective, socialising was in promoting positive mental health. As a result, perhaps there could be more cross-cultural events - including both international and home students - and activities which would suit students who do not drink alcohol (at HWU similar to the Chaplaincy communal meal).
- Develop a volunteer role to act as a well-being co-ordinator for international students. Instead of many 'buddies', two or three people, from specific student communities could focus on promoting information and advice relating to the mental health and well-being on international students.
- Offer training such as a shortened Mental Health First Aid, to key international students who are either well-known or in student campus positions. Estates staff, including campus wardens may also benefit from such training - as they are often the individuals who engage those experiencing serious issues relating to mental ill-health, on campus.
- Don't assume everyone has the same understanding of confidentiality, make it clear to international students know that their parents will not be told if they are experiencing stress or depression, nor will their funders or visa bodies.

6. Reflections

Throughout the life of the project it became more and more clear that international students will tolerate huge amounts of discomfort. Equally Connected research has shown that international students face many barriers in accessing services - both formally and informally, at university and outwith the university setting. Issues of language, culture, a new system and the difficulties that come with navigating it, were frequently spoken of and most definitely held resonance with everyone we met. This, alongside the shame that mental ill-health may bring

to an individual and their family, has created a situation where accessing support for a personal mental health concern has become very difficult. This report has presented a number of recommendations and solutions to enhance the mental health and wellbeing of international students - including the development of a film and Z Card - together these will hopefully have a measurable impact on rates of students accessing support services and taking active steps to look after their mental health and well-being.

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